Approved for use through 04/30/2003. OMB 0651-0032 U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE SUBSTITUTE for PTO/SB/17(01-03)"FEE TRANSMITTAL for FY 2003"

		Complete if Known			
P F FEE TRANSMITTAL		Application Number	09/701,205		
(0)		Filing Date	November 27, 2000 RECEIV		
Enne		First Named Inventor	Kalchman, et al. RECEIV		
MAR 2 4 2003 Paters fees are subject to annual revision.		Examiner Name	Lu		
3		Group Art Unit	1655 MAR 3 1 200		
TOTAL MOUNT OF PAYMENT	\$110	Attorney Docket Number	MC010PI		
		777 644	TECH CENTER 160		

MT &	TRA	JUNI OF PAYMENT	\$110	Attorney .	Docket Nu		
	METH	OD OF PAYMENT (Che	ck one)		F	EE CALCULATION (continued) EC	H CENTER 160
Deposit Account			3. ADDITIONAL FEES				
Deposit Account Number 13-2755		Fee Code	Large Entity Fee (\$)	Fee Description	Fee Paid		
Deposit Account Name Merck & Co., Inc.		1051	130	Surcharge - late filing fee or oath			
The Commissioner is authorized to: Charge fec(s) indicated below Credit any overpayments			1812	2,520	For filing a request for ex parte reexamination		
Charge any additional fee(s) during the pendency of this application		1251	110	Extension for reply within first month	110		
		1252	410	Extension for reply within second month			
··		FEE CALCULATION		1253	930	Extension for reply within third month	
1. BA	SIC FILIN	NG FEE		1254	1,450	Extension for reply within fourth month	
Large	Entity Fee	Fee Description	Fee Paid	1255	1,970	Extension for reply within fifth month	
Fee Code	(\$)	1 to Description		1401	320	Notice of Appeal	
1001	750	Utility filing fee		1402	320	Filing a brief in support of an appeal	
1002	330	Design filing fee		1403	280	Request for oral hearing	
1004	750	Reissue filing fee		1452	110	Petition to revive - unavoidable	
1005	160	Provisional filing fee		1453	1,300	Petition to revive - unintentional	
CYMPONAY (1)		\$0	1501	1,300	Utility issue fee (or reissue)		
		SUBTOTAL(1)	φ0	1502	470	Design issue fce	
2. EX	TRA CLA	IM FEES	Eag from	1460	130	Petitions to the Commissioner	
		Extra	Fee from below Fee Paid	1807	50	Processing fee under 37 CFR 1.17(q)	
Total C	ndent		x \$18 = 0 x \$84 = 0	1806	180	Submission of Information Disclosure Statement	
Clai Multiple	ms c Dependen		\$280 =	8021	40	Recording each patent assignment per property (times number of properties)	
Large	Entity	ly paid, if greater; For Reissu Fee Description	es, see below	1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
Fee Code 1202	Fee (\$) 18	Claims in excess of 20		1810	750	For each additional invention to be examined (37 CFR 1.129(b))	
1201	84	Independent claims in exce	os of 3	1801	750	Request for Continued Examination (RCE)	
1203	280	Multiple dependent claim, i	f not paid	Othon fo	Other fee (specify)		
1204	84	**Reissue independent clai	ms over original patent	Outer le	e (specify)		
1205	18	**Reissue claims in excess patent	of 20 and over original	Other fe	e (specify)		
		SUBTOTAL(2)	\$0			SUBTOTAL(3)	\$110

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Vineet Kohli					37,003
Signature	Vur Jah	Date	03/17/2003	Deposit Account User ID	

PATENT CASE NO. MC010PI

HE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner for Patents Washington, D.C. 20231

	RECLIVED
In re application of: KALCHMAN	EI AL.
Serial No. <u>09/701,205</u>	MAR 3 1 2003
Filed November 27, 2000	
Group Art Unit 1655	₹ECH CENTER 1600/2900
Examiner <u>Lu</u>	TOWAT INTERACT WITH THE

For: APOPTOSIS MODULATORS THAT INTERACT WITH THE HUNTINGTON'S DISEASE GENE

Tra	ansmitted herewith is an amendment in the above-identified application.
	No additional fee is required.

The fee has been calculated as shown below.

The fee has	been calculated as shown a	(CLAIMS AS AMEND	ED	(6)	(7)
(1)	(2) Claims remaining	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	Rate	Additional Fee
	after amendment			0X	\$18	=0.00
Total Claims Independent	* <u>10</u> * <u>4</u>	-	** <u>20</u> = *** <u>7</u> =	X	\$84	=0.00
Claims Multiple					\$280 ****	=
Dependent Claims			TOTAL ADDITIONAL F	EE FOR THIS AMEND	MENT	0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

____ to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, ington, D.C. 20231, on the date appearing to

MERCK & CO., INC.

Respectfully,

By: Vineet Kohli

___ for Applicant(s) Attorney

Reg. No. 37,003

MERCK & CO., INC.

Patent Dept., RY60-30

P.O. Box 2000

Rahway, N.J. 07065-0907

(732) 594-<u>3889</u>

IN DUPLICATE

Date: March 17, 2003

Application Number:

O9/701,205

Filing Date Received:

First Named Inventor:

Kalchman, et al.

Group Art Unit:

Examiner Name:

Lu

MC010PI

MC010PI

FIRST CLASS MAIL CERTIFICATE

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231, ON THE DATE APPEARING BELOW.

MERCK & CO., INC.

MAILED BY Hancy & Yorke DATE TRUCK 17, 2003